

**MULTIPLE DEPENDENT CLAIM
FEES CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

10525987

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		/		
3		2		/		
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5		4		/		
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7		6		/		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	21	↖	20	↖		↖
TOTAL CLAIMS	22	⊞	21	⊞		⊞

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS		⊞		⊞		⊞